

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-025029

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 187

Primary Registration District No. 3040 Registrar's No. 149

FILED JUN 20 1963

VS 300 Rev. 4/59	DATE AMENDED	DOCUMENT
1 0595		
2 0590		
3		
4 1		
5 1		
6		
7 0		
8 2		
9 971.8		
10		
11		
12 1-0		
13 1-0		
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT
USE BLACK INK OR TYPEWRITER RIBBON	SHOULD READ	
BY AFFIDAVIT OF		DOCUMENT
ITEM NO.		

1. PLACE OF DEATH a. COUNTY <b>LIVINGSTON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>LIVINGSTON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>CHILLICOTHE</b>		Length of stay in 1b <b>1 DAY</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>CITY HOSPITAL</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>DORTHA</b> Middle <b>MAE</b> Last <b>THOMAS</b>		4. DATE OF DEATH Month <b>JUNE</b> Day <b>11</b> Year <b>1963</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1/10/1923</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>AT HOME</b>	
11. BIRTHPLACE (City and state or country) <b>LIVINGSTON CO., MO.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>CLARENCE F. POWELSON</b>		13b. MOTHER'S MAIDEN NAME <b>FRANCES DRAPER</b>	
14. NAME OF HUSBAND OR WIFE <b>T.J. THOMAS</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, (or unknown)) (If yes, give war or dates of service) <b>NO</b>	
16. SOCIAL SECURITY NO. <b>MR. T.J. THOMAS: DAWN, MISSOURI</b>		17. INFORMANT <b>MR. T.J. THOMAS: DAWN, MISSOURI</b>	
18. CAUSE OF DEATH (Enter only one cause per line for terminal disease condition given in PART I (a)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Respiratory paralysis</b> DUE TO (b) <b>Toxic reaction to nicotine</b> DUE TO (c) <b>Ingestion of "Black Leaf 40"</b>		INTERVAL BETWEEN ONSET AND DEATH <b>15 minutes</b> <b>1 hour</b> <b>1 hour</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>CHILLICOTHE, MO.</b>		
21. I attended the deceased from <b>Jan. 1962</b> to <b>June 11, 1963</b> and last saw her alive on <b>June 11, 1963</b> Death occurred at <b>1:00</b> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>William L. Fair, M.D.</b>	
22b. ADDRESS <b>Chillicothe, MO.</b>		22c. DATE SIGNED <b>6/13/63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>6/13/63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>WELSH CEMETERY</b>	
23d. LOCATION (City, town, or county) <b>DAWN, MISSOURI</b>		23e. DATE RECD. BY LOCAL REG. <b>June 13, 1963</b>	
24. FUNERAL DIRECTOR <b>NORMAN FUNERAL HOME: Chillicothe, Mo.</b>		25. REGISTRAR'S SIGNATURE <b>Annalee Taylor</b>	

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Elton Naiman

Licensed Embalmer No. 4036

P. O. Address CHILLICOTHE, MISSOURI

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.